

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/586360

FILING DATE

7-17-06

APPLICANT(S)

CLAIMS

| | AS FILED | | AFTER 1 ST AMENDMENT | | AFTER 2 ND AMENDMENT | |
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| 9 | 3 | | | | | |
| 10 | 1 | | | | | |
| 11 | 1 | | | | | |
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| 14 | 2 | | | | | |
| 15 | 2 | | | | | |
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| TOTAL DEP. | 23 | ← | | ← | | ← |
| TOTAL CLAIMS | 26 | | | | | |

| | AS FILED | | AFTER 1 ST AMENDMENT | | AFTER 2 ND AMENDMENT | |
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| TOTAL CLAIMS | | | | | | |